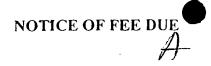
## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/072625

CLAIMS AS FILED - PAR (Column 1)				(Column 2)		_	SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			39				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			<b>39</b> minus 20=		* 19			X\$ 9=		OR	X\$18=	342
INDEPENDENT CLAIMS			3 minus 3 =		* 0		Ţ	X42=		OR	X84=	A
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+140=		OR	+280=	8
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	1082	
	CI	LAIMS AS A (Column 1)	MENDED	- PAR (Colu		(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CLAIM	= -		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JETIPLE DEP	ENDEN	CLAIM			+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_ ′					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X42=		OR	X84=	
	FIRST PRESE	NIATION OF MI	ULTIPLE DEP	ENDEN	1 CLAIN		ן נ	+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	IT CL AIN	=	┨╏	X42=		OR	X84=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDEN					<u> </u>	<b>4</b>	+140=		OR	+280=	
* 	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2, wri	te "0" in co	olumn 3.	, ,	TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												



DATE: 4-17.0			
TO: Missing far	at		
FROM: Office of Initial Patent Examina	ition		:
SUBJECT: Fee Due	2 /	· ·	
APPLICATION NUMBER: 0	1625	и.	•
A fee is due for the attached document submoffice for the following reason. Please checauthorization to charge a deposit account. It charge the appropriate fee. If an authorization the fee deficiency.	ck the application f an authorization	on for the appropon is present, plea	riate ase
☐ Insufficient fee by check		•	
Insufficient funds in deposit account			
☐ Declined credit card			
☐ Non authorization for charge to deposit a	account		
☐ No fee submitted per requirement **			
<b>¥</b>	٠.		
The correct fee code:	amount	\$	
The suspended fee code: 197	amount	- \$	
Fee Due	amount	=\$ 121	2.00
If you have any questions, please contact Cy Eleanor Kurtz at 703-308-3642.	nthia Streater a	t 703-306-5430 (	or
Terminal Operator	Mf :	Dirta	